V. S. No. 1

JAKGIN KESEKVED FOR BINDING	B-WRITE PLACE, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex
V ED	THIS.	ld be	av be
NEK	INK	[noys	t it ma
N KE	DNI	AGE	that
ARGIL	UNFAD	upplied.	terms, s
	WITH	efully s	in plain
	LY,	ld be car	DEATH
S. No. I	BANRITE PL	mation shoul	CAUSE OF
e c			1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11167
1. PLACE OF DEATH	93-e)
County Spince Learge	Registration Dist. No. 235
Village or City Foresterille & Boundary DE	Most St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jemuel Van Duren	allen
(a) Residence: No. Beauting De-18#1, Fa (Usual place of abode)	restluction. Mod.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oct (Day) (Year)
5e. If married, widowed, or divorced	
(or) WIFE of Emma E. Sint allen	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) July 12 1863	A lest saw h Land elive on Oct 3 , 1935; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et. A.m.
12 - 2 - 200 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, piofession, or perticular kind of work done, es SPINNER, Retired	Chronic Myscarditia 1935
9 Industry or business in which work wes done, as SILK MILL, Insurance Salesman	Janker bon 1841435.
10. Date deceased last worked at this occupation (month and spent In this	/
year) A Musel occupation defide	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	asttima pure 1535.
(State or country) Meryland,	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	Whet test confirmed diagnosis?
15. MAIDEN NAME Landonia Delanglen	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Emana E. S. allan (Address) Bernand DT W#	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMANDEL  J. C. C. Date 10-7 1935	Manner of Injury
19. UNDERTAKETHOS J. Musayston	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED 10-5, 1935 L. O Mineste Registrat.	(Signed) Laul C Van Jallo M. D.  (Address) Banninga DE 4#1.
	1 - 10,7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	S Date of onset			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis 1959	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
	i i					
Other contributory causes of importance:		Other contributory causes of importance:	J= 4, 4			
Gallstones	May 1,1923	Gastroenteritis	1 year			

BINDING

RESERVED

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Example I		Example II	Zitampies.
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Chronic interstitial nephritis SURPAU V. 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		A CONTRACTOR OF THE CONTRACTOR	3
0			
Other contributory causes of importance:	- 540	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Manual Company of the	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

# N. B.—WRITE PLATNLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Jime Teorge	Registration Dist. No. 24
Village or City Long at Lavelle Ing	7, 1
	No. Just wash danularium St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	-1-9-ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John M. Dockm	
(a) Residence: No. Detherda mod	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 78. 15-1869	Och 11- 11
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
// f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Landner	Vyloric Stenosis un
9. Industry or business in which	Probable malignant
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
1D. Date deceased last worked at this occupation (month and year)	
13 0 F	Other Contributory Causes of importance:
f2. BfRTHPLACE (city or town)	Rephritis Chr Intersteles un
13. NAME  14. BIRTHPLACE (city or town)	Har e
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State of country)	Accident, suicide, or homicide? Date of injury, 19
X · XI · · · · · · · · · · · · · · · · ·	Where did injury occur?(Specify city or town, county and State)
17. INFDRMANT MARCH 18 (Address) 2 2 1 1 2 2 1 1 1 2 1 1 1 1 1 1 1 1 1	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place from Armel Mario Carlo 2/ 1935	Nature of Injury
15 alfan of la brick	
19. UNDERTAKER AND	24. Was disease or Injury in eny way related to occupation of deceased?
1 Oct 16, 50 0 0 0 0 0	(Signed) Wayner of Immous MD
20. FILEO CA 10. 19. 3 3 ) No. tas Concrete Registrar.	(Address) 180 9/ Kenyan St XW
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Was hours land
4	of as rung mo

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Example I		Example II  The principal cause of death and related causes Data of cases.			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial neparitis NOV 5 1935	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	(Gastroenteritis	1 year		

AD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-LY, WITH UNFADING INK—THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING ARGIN RESERVED -WRITE PLA

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(94)
County Trucke Morges o	Registration Dist. No. 💢 🥦
Village or City Neverdalle 7100	death occurred in a horpital or institution, give its NAME instead of street and number)
W V - for I B	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME / Cohest augh Cosner	If U.S. Veteran specify WAR Service // Whiche
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White Mariel (write the word)	(Month) (Day) (Yeer
a. If married, widowed, or divorced HUSBAND of WAFE of March of Carry WHEE of March of Carr	22. IMEREBY CERTIFY They I ettended decessed
in the state of the state of	Oct 30, 19.35, to Oct 20, 193
DATE OF BIRTH (month, day, and year) Solt 1893	i last saw h. Amalive on del 30 , 1935; deeth is
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
42 /1 /9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEFFER etc.	Caronany Thrombassal Ach
SAWYER, BOOKKEEPER, etc.	Coronary Monthages Oco
2. Industry or business in which work was done, as SILK MILL, Stock Might of Garage.	
10. Date deceased last worked at this occupation (month end) 12935  10. Date deceased last worked at this occupation (month end) 12935  11. Total time (years) spent in this occupation (month end) 12935	
nd. D. + nouse	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	tuna tera const
7 1 20	Juggeo ans an
No.	Neme of operation World Date of
14. BIRTHPLACE (city or town)	Whet test confirmed diegnosis? Change: Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Queste Clayton.	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
7. INFORMANT Madeline & Boller (Address) Reverdale mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stadenesury M. d. Date Nov - 1935	Nature of injury
9. UNDERTAKER 4 Jaselio Jours (Address)	24. Was disease or injury in eny way related to occupation of deceased?
10 + 2 0" 217 M	If so, specify
20. FILED XXX 13 0, 19 55 11 MD. TOO DELIVER.	(Address) Right dale, Ma.

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Example I	li li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	ly 5,1927	Peritonitis .	3 days ago
NOV 5 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Mc	ay 1,1923	Gastroentéritis , t	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

V. S. No. 1

Exact statement of OCCUPA-

STA	ATE OF	MARYLAND-CERTIFICATE OF	DEATH
PLACE OF DEATH			

1	. PLA	E OF DE	ATH	0		45-2	11.
	Coun	ty Ps	wee	Jean	ge	Registration Dist. No.	142
			dirmont	,	(11	No. 2 19 Fair View Ave. St death occurred in a hospital or institution, give its NAME instead of stree	t and number)
				1 0		ds. How long in U.S. if of foreign birth?yrs	mosds.
2		L NAME Residence: No		- View A	ve.	St. Ward. Fairmont Heigh	ts Md.
	PER	SONAL A	ND STATIST			If nonresident give city or tow	
3. 5	SEX		LOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	
F	ema		lored	OR DIVORCED	(write the word)	October 23	, 193 5
	if marrie	, widowed, or o		1/10/11	34	(Month) (Oay)	(Year)
	(or) Wi	FE of	i Broom	K-		22. I HEREBY CERTIFY, That I atte	
				,	1000	May 31 1935 to October	
_		BIRTH (month,		nknown		121	3.5.; death is sald
7. A	NGE	Years	Months	Oays	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 6.2. A.m.	
		52	Undo	nown	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Oate of onset
NO	8. Trad	e, profession, or ind of work do AWYER, BOOK	r particular ne, as SPINNER, KEEPER, etc	lousewor	- K	Carcinoma of Tonsil	M . / 25
AT	9 indu	try or husines	e in which			Carefill Opsis 9.L	VIIATEN.
9. Industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, etc. Home		-					
0	t	deceased last his occupation ( ear)	month and	11. Totel tip	ma (years) tin this pation		
,	,	041)	4. 11.	,	pation	Other Coutributary Causes of importance:	
12.		ACE (city or tove or country)	4.4	gham		Hemorrhage from Throat	Oct. 35
0:			Marylan			Cachexía	May 3:
HEK	13. NAM	Mar	isen D	450h			
14. BIRTHPLACE (city or town) Nottingham		Neme of operation None Oato					
-		State or country	) Mar	land		What test confirmed diagnosis? Biops Y Was ther	a an autopsy?_[V.o.
I K		EN NAME	Harriet	Ducke		23. If death was due to external causes (ViOLENCE) fill in elso the fol	lowing:
0			r town) Not	ing ham.		Accident, suicide, or homicide? Date of injury-	, 19
2	(	State or countr	n) Mary 19	nd		Where did injury occur?	16
17. INFORMANT BOY Q. Brooks Fairment Heights				+ 4.:45	(Specify city or town, county and State) Specify whether Injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.		
18.		REMATION, O		Parmin	LITEIGNES	Menner of Injury	
	Place.	Wush	mig lont	Oate 10/2	2/// 1935	Nature of Injury	
19.	UNDERT A		hot li	Sew	est	24. Was disease or injury in any way related to occupation of decease if so, specify N O	d?
20.	FILED	1.27	1935 Ly	race, d	low	(Signed) R. Rhit Rallone	
			he	efully .	Registrar.	(Address) 1835 Eye Street,	Nolls
			If more	blanks are needed as	Idress State Registrar	24 N. Charles Street Relainers Donnetter W. C. No Mrs Chir	estma To

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Example I	1	Example II	
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Chronic interstitial nephritis NOV 6 1930	1921	Run over by street car	1 week ago
Cerebrul hemorrhage  BUREAU'V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11172
1. PLACE OF DEATH	7 228
County Truce Georges Count	Registration Dist. No. 2008
Village or City le Centron Tyd.	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mary Belle Brown	
(a) Residence: No. Colonton md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4 COLOR OR RACE 5 SINCLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
Temple Colored Married	21. DATE OF DEATH Oct 22 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tincent Brown	22. I HEREBY CERTIFY, That I attended deceased from 19.35, to Co. 1.22, 19.53
6. DATE OF BIRTH (month, day, and year) Dec. 30. 1899	I last saw h. en alive on Oct 19, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the dete stated above, atm,
99 grmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Lutinonary
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Inverculoses 1935
10. Date deceased last worked at this occupation (month and year) occupation — occu	
12. BIRTHPLACE (city or town Brunes George Con (State or country)	Other Contributory Causes of importance:
13. NAME Samuel Centy	Done of water
14. BIRTHPLACE (city or town) Breize Georges	Name of operation
(State of Country)	What test confirmed diagnosis? Pesas Specifican Was there an autopsy?
15. MAIDEN NAME Chrise Bigtter	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) since Legigle	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT Annie Stanton Ma.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
St. Mand Cemetry Charles to Cach 24, 1919	Nature of injury
19. UNDERTAKER State of Modern (Address) Haldon Modern (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct - 25, 19 35 Guy True Registrar.	(Signed) Saul Clar Hella M. D.  (Address) Howard DC 19#1
If more blanks are needed, address State Registra	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:	<i>y</i>	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	ONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

RD. Every item of infor-

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			
Village or City Vilchi Ma.	No. 01. Sep Cs alm Takes St., Ward		
Things of oily	f death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME mary V	h alk		
(a) Residence: No. Laurel Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5e. If married, widowed, or divorced HUSBAND of Oor) WIFE of HOLWY Chalk	22. I HEREBY CERTIFY That I attended deceased from 22 1935, to C 17 19 35		
6. DATE OF BIRTH (month, day, and year) aug 21 1849	I lest sew Y Les alive on OC 15 , 19 35; deeth is said		
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Dys  If LESS then  1 day,hrs.  ormin.	to have occurred on the dete steted above, at		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  16. BIRTHPLACE (city or town) (Stete or country)	Date of onset  Service Myo-C and dulis  3 years a yo  Other Contributory Causes of importance:  Other Contributory		
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  Lloyd  National Place  19. UNDERTAKER  Lloyd  National Place  19. UNDERTAKER	Menner of injury		
20. FILED OCK- 18 1935 - Thos. J. Klashit	24. Wes disease or injury in any way related to occupation of deceased? No lf so, specify (Signed) . Support M. D		
Registrar.	(Address) White Denning Die O.		

V. S. No. 1

8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURSAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH plnods County. Village or City Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?. Langth of residanca in city or town-where death occurred. statement If U.S. Veteran specify WAR (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) male PERMANENT 5a. If marriad, widowad, or 22. (or) WIFE of 国 6. DATE OF BIRTH (month, day, end year) certificate. If LESS than to have occurred on the date stated above, at \_\_\_\_\_ proper 7. AGE Monthe Days stated The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: 8. Trada, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .. may back 3. Industry or business in which pluods work was dona, as SILK MILL SAW MILL, BANK, atc .... 10. Date daceasad last worked at no spent in this this occupation (musth m that instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? important. 15. MAIDEN NAME MOTHE 23. If death was due to externel causes (VIOLENCE) fill in also the following: E Accident, suicide, or homicide? \_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (city or town DEATH (State or country) Whare did injury occur?\_\_\_\_ should be Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. very (Addrass) OF Mannar of Injury CAUSE mation Nature of injury LION 19. UNDERTAKER (Address) If so, spacify (Signad) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) 1 HEREBY CERTIFY. That I attended deceased from Date of enset (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory course of in-	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE	FUK	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

r. PHYSICIANS
Exact statement

stated EXACTLY. properly classified. E

AGE should be

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

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B.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11176
1. PLACE OF DEATH	
County Prince - Georges	Registration Dist. No. 235
8 7/10	
Village or City Office Ital (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U. S. it of foreign birth?yrs mos ds.
2. FULL NAME Debby Cur Co	urtiss
(a) Residence: No. Same.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Scorge Gilbert Curtiss	22.   HEREBY CERTIFY, That I ettended deceased from $9-20$ , 1935, to $10-1$ , 1935
6. DATE OF BIRTH (month, day, end year) 6-18-1836	I last saw h. ar alive on 9-30, 1935; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 11:15 P.m.
99. 3 8 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:
8. Trade, profession, or particular	acule Bymchitis 9-2085
	Colesvarianous both orm
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
work was done, as SILK MILL, SAW MILL, BANK, atc.  fo. Date deceased last worked at this occupation (month end year)  graph of the company of the control of	
12. BIRTHPLACE (city or town) 7 to 4	Other Contributory Causes of importance:  Mal huthities Ondefinit
13. NAME Daniel P. Westcott  14. BIRTHPLACE (city or town)	
	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
r	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)  17. INFORMANT Seo E Curtiss  (Address) / 29 - N. Cos. Gur. S. F. De.	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL PREMATION OR REMOVAL	Manner of injury
Place Washington, D. Date 10/2 - 1933	Nature of injury
19. UNDERTAKET Homas F. Munayo Son. (Address) Washington, O.C.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 10/2 1935 D. Minear Registrar.	(Signed) William M. M. D. (Address) 63 f. Mars. Com. H. E.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
CHERAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	
(131)	
County Innee Lengel Registration Dist. No. 2	45
Village or City of Landscalled No. Land from Julia St. (If death occurred in a horpital or institution, give its NAME instead of street Length of residence in city or town where deeth occurred yrs	and number)
74 B C . D DD	mosus.
2. FULL NAME Mess Deckee Dellinger 5500 Wisconsin	re
(a) Residence: No. Start frame St., Ward. Chevy Chase M. (Usual place of abode)	and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sungle (Month) (Day)	, 193 5 (Year)
5/. If married, widowed, or divorced	, , , , , ,
(or) WIFE of 22. I HEREBY CERTIFY, That I atte	0 ,
12 185-3	35; death is said
6. DATE OF BIRTH (month, day, end year) 700 7 1 last saw n 200 alive on 19. 19.  7. AGE Yeers Months Days If LESS than to have occurred on the date stated above, at 19. m.	2, 4000 13 3010
S2   1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	1
R Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyshess arlend sellens	11430
B Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (yeers)	
yeer) occupation	
12. BIRTHPLACE (city or town) 13. BIRTHPLACE (city or town) 14.	
(State or country)  desease	
13. NAME Joseph Dellinger	
V 14. BIRTHPLACE (city or town) Ma. Data Data	of
What test confirmed diagnosis? Was ther	an autopsy?
15. MAIDEN NAME Cligabeth Dellinger 23. If deeth was due to external causes (VIOLENCE) fill in also the follower	
16. BIRTHPLACE (city or town) Date of injury Accident, suicide, or homicide? Date of injury	, 19
(Specify city or town, county an	d State)
17. INFORMANT Alaser Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI (Address)	C PLACE.
18. BURIAL GREMATION, OR REMOVALS	
paleater lich Va Date 10-14 1935 Nature of Injury	
19. UNDERTAKER Har Tald. See William Co 24. Was disease or injury in any way related to occupation of deceased (Address) 2900 Will Will Wash All If so, specify	1?
20, FILED Let. 14, 19.35 Mrs. Jas. Dere (Signed) Muse Mathers 4.	18 DE
If more blanks are needer, address ate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Chronic interstitial nephritis N 5 1035	1921	Run over by street car	1 week ago
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PIPALLY S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Jo plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long In U.S. if o1 foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death pocurred statement PHYSICIAN 2. FULL NAME If U. S. Veteran, specify WAR\_\_ CORD. (a) Residence: No (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR-DIVORCED (write the word) PERMANENT (Month) (Day) (Year) classified. 5a. If married, widowad, or divorced HUSBAND ot ERTIF Jhat t attended daceased from (or) WIFE ot/ × 圍 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at ... 1 day, \_\_\_\_hrs. Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance 6 or\_\_\_\_min. SI were as follows: Date of onset 8. Trada, prolession, or particular THIS OCCUPATION kind of work done, as SPINNER. be Jo SAWYER, BDOKKEEPER, etc ... back may 3 Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... INK on 10. Date deceasad last worked at 11. Total tima (years) spent in this that this occupation (month and occupation .. instructions Other Contributory 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town). Name of operation plain (State or country) carefully What tast confirmed diagnosis?\_. Was thera an autopsy?. HER 15. MAIDEN NAME important 23. Il death was due to axternal causes (VIOLENCE) fill in also the lollowing: MOT Accidant, suicide, or homicide?\_\_\_\_\_ Date ol injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or equality Where did injury occur?\_\_\_ pe (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Very 17. INFORMANT should (Address) OF CREMATION, OR REMOVAL -Mannar ol injury WRITE CAUSE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of decaased?\_\_\_\_ 19. UNDERTAKER (Addrass) If so, spacity M (Address) \_\_\_\_\_ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1695	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA-

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	19	1	1	1 1	
1	1	1	6	2 1	
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	(93-0)
	Registration Dist. No. 237
	No. LAUREL SANITARIUM St. Ward
curred 3 yrs mo	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
	MdSt., Ward.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
DIVORCED (write the word)	21. DATE OF DEATH October 9 1935., 193 (Month) (Day) (Year)
ceased)	22. I HEREBY CERTIFY, That I attended deceased from April 21 1932, to Oct 9 1935
3 1859	I tast saw h. Qr alive on Oct 9 1935. 19 death is said
Days If LESS than 1 day,hrs.	the Frincipal Cause of Death and leisted causes of Importance
	Cerebral hemorrhage 1 hour Date of onset
ewife.	
11. Total time (years) spent in this occupation	
German <b>t.</b>	Other Contributory Causes of Importance:
's	Senile psychosis 4 years.
	Crhonic myocarditis. indefinite
	Name of operation none Date of What test confirmed diagnosis? Clinical examination who have an autopsy? No
ell.	23. If death was due to external causes (VIOLENCE) fill in also the following:
•	Accident, suicide, or homlcide? Date of injury XXXX 19
Laurel Sanitari	(Specify city or town, county and State) UNISpecify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Bct./2,1936	Manner of injury NONE  Nature of injury XXXXXXX
of fas	24. Was disease or injury in any way related to occupation of deceased?
ragheave	(Signed) Theland. Come M. D. (Address) Laurel Md.
	TTMAR  Ave. Baltimore. Usual place of abode) PARTICULARS NGLE, MARRIED, WfDOWED, a DIVORCED (write the word) Widow.  Ceased)  3 1859  Days   If LESS than 1 day, hrs. or min.  Stic.  ewife.  11. Total time (years) spent in this occupation.  Germany.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	"The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial naphritis NOV 6 1990	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
emplo de Allemanto de Caración			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	l year

RD. Every item of infor-

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94:00
County Prince Learne	Registration Dist. No. 235
Village or City Silver Till My d.	No. St Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME transit Wilmer	Downs
(a) Residence: No. assacration DC. NF. 4	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary Louise Downs.	22.   HEREBY CERTIFY, Thet I ettended decoesed from
D + 2 1975	The street Selive on Los Bale I deeth is seid
6. DATE OF BIRTH (month, day, and year) (	10 A 12 218011 030/2
16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8. Trade, profession, or particular	were es follows:
S kind of work done, as SPINNER, Lucker SAWYER, BOOKKEEPER, etc.	The state of the s
9. Industry or business in which work was done, as SILK MILL,	with the the
work was done, as SILK MILL, SAW MILL, BANK, etc.	Contractions a year
19 Date deceased lest worked at this occupation (montheand spent in this	4 2/2 t Block the A zerolet Court
year) - (2-20	of reuse painover that and less should
12. BIRTHPLACE (city or town)	Offier Contributory Causes of Importance:
(State or country) At, Mary Co. Md.	med and otherwise
13. NAME Robert Downs.	Seemyly, good health
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) St march Co. and	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME alice Graves	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 22 Date of injury 19 19
(State or country) St marin Co. Mid.	Where did injury occur?
17. INFORMANT Mary Louise Down	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Consoroles D.C. W. 4.	tipp and
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Shi Darnaty Date 0/22,1936	Neture of Injury Justice of the Place
10 UNDERTAKED W. W. LO - G DAD	24. Was disease or injury in eny wey releted to occupation of deceased?
19. UNDERTAKER (Address) 8/6-14.72	If so, specify
20. FILED 10 - 20, 1935 L. O. Minear	(Signed) Paul C Van Walto M.D.
Revistrar.	(Address) Benning De NH

FOR BINDING

AARGIN RESERVED

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Example I		Example II				
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Arterioselerosis	1915	Attack of epilepsy	1 week			
Chronie interstitial nephritis	1921	Run over by street car	1 week			
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days Ly-			
Other contributory causes of importance:		Other contributory causes of importance:	Y			
Gallstones	May 1,1923	Gastroenteritis	1 year			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A A CONTRACTOR OF THE CONTRACT	
			1

AGE should be stated EXACTLY.

mation should be carefully supplied.

PHYSICIANS should state

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

2.	(a) Reside	AIVIE.	ormeja 11 Dev		etcher	If U.S. Vateran specify WAR.  St., Ward.  If nonresident give city or lown and State
	PERSO	NAL AND	STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. S		4. COLOR O	R RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)  (Year)
	HUSBAND of (or) WIFE of	wed, or divorced		9	1050	22.   HEREBY CERTIFY, That I attended deceased
6. D		(month, day, an	Months	Days 18	1930  If LESS than 1 day,hrs. ormin.	I last saw h
NOCCUPA.	10. Date decer		at	nerding	ima (years) nt in this upation	Joseph Day baby had a call for Levyn days Winderstand Other Contributory Canses of importance Text bronchitas floration on a Case of dishibina in the cook, cu
ATHER	13. NAME		B1:	Flotenor Edonsbur	8	Name of operation of Market Managerassa. Data of
MOTHER	15. MAIDEN N	or country)  IAME  CE (city or town) or country)	VE	mith asas Cit	ы а . У	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19.
17.	INFORMANT (Address) BURIAL, CREM	Eva Flo	Vey S	t, Relati	+ 9-,1935	Manner of Injury Sel her with off Emba

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	(31)
County Prince George	Registration Dist. No. 245
Village or City Hoy attribile	No Daired Heart Home St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Troole	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Washington, N. C., If nonresident we city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
Flere (Wheth OR DIVORCED (write the word)	Coclotter 9, 1935
5a. If merried, widowed? or divoged	(Month) (Day) (Year)
HUSBAND of John D. Hoole	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Luly 10 1856	I last saw h. w alive on Oct P 19.35; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 6.30 A m.
79 3 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Ormin.	were as follows:  Date of onset  Cath 13.5
8 Trade, profession, or particular kind of work done, as SPINNER Petro & Clark SAWYER, BOOKKEEPER, etc.	Pulmaran edema Cottol3
	Jamaily water
work was done, as SILK MILL Newshafter SAW MILL, BANK, etc.	
10. Date deceesed lest worked at this occupation (month and spent in this	
year) occupetion	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	artery replanses
(State or country) McC.	cardis vascular revol
13. NAME William White	disease 1933
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Mary & Costrone	23. If death wes due to external causes (VIOLENCE) fill in also the following:
E	Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
Pull Son & Hear & Hoar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Howall all will will	Specify whether injury occurred in thousand, in mome, of in Poblic Place.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Pialerlugers Va Date Oct // 1933	Neture of injury
19 UNDERTAKER Cowle learn free la o	24. Was disease or injury in any placed to eccupation of deceased?
(Address) 400 le luchin M. Wagher)	If so, specify
and Oat 9" 35 Mas La Orano	(Signed) Muan Millingty M. D.
20. FILED Registrar.	(Address) 2201 A Quel M. B
If more blanks are needed, address State Registrar	24xx N. Charles Street Baltimore Requesting T. S. No.

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Example F   V E D		Example II	
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Chronic interstitial nephritis WIREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

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K	N.	1	V	7
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E OF MARYLAND—CERTIFICATE OF DEATH state of infor-OCCUPA-1. PLACE OF DEAT pluods Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? PHYSICIANS town where death occurred statement If U.S. Veteran specify WAR..... Ward. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RE 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR BLYORGED (write the word) PERMANENT (Month) (Day) (Year) classified. 5a. If married, widowed, HUSBAND of I HEREBY CERTIFY, That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly to have occurred on the data stated above, at If LESS than 7. AGE The PRINCIPAL CAUSE OF DEATH and related causes of Importance \_min. Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business In which pluods work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (Stata or county) supplied. terms, FATHER See Name of operation 14. BIRTHPLACE (city or town) in plain (State or cour What test confirmed diagnosis?\_ Was there an autopsy? carefully MOTHER important. 15. MAIDEN NA 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?\_\_\_\_\_ Date of Injury\_\_ DEATH 16. BIRTHPLACE (city or (State or comery) Where did injury occur?\_\_ should be (Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT . OF (Address) Manner of injury -WRITE Nature of injury. HON 24. Was disease or injury in any way related to occupation of decaased?\_ (Address) If so, specify (Signed). Registrar. (Address) \_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH / / /	
County Dr League	Registration Dist. No. 2 3 0
Village or City Murpusks	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsdsds.
2. FULL NAME tosething Harri	
	d or ward
(a) Residence: No. Mushand (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Aireale	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTUFY, That 1 ettended decessed from
6. DATE OF BIRTH (month, day, and year) March 26, 1885	I last saw h alive on 1730, 193 1; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
50 7 5 1 day,hrs.	was as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Walkers, SAWYER, BDDKKEEPER, etc	Landerson.
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Muiking med (State or country)	Other Contributory Causes of Importance:
	-
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
- I www.	What test confirmed diegnosis?
I 15. MAIDEN NAME Louisa Hebrens	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lisa Helvens 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
- (State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place March Rus A Md Date NOV 4 1935	- Nature of Injury
19. UNDERTAKER Henry S. Washington (Address)	24. Was disease or injury In any way related to occupation of deceased?
De suso Mar 4- 1035 Orland De la to	(Signed) 73 6 M. D

Registrar.

16 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

N. B.

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To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	_	Example II	Z-iwiipies:
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I WOULD V	2 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

PHYSICIANS should state Exact statement of OCCUPA. ORD. Every item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Mr. Georges	Registration Dist. No. 245
Village or City East Columbia Varle	NoSt.,Ward
0.7	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wary 1. Howard	If U.S. Veteran specify WAR.
	15 St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)  Lincoln  Lincoln  Accounted  Childowed	21. DATE OF DEATH  (Month)  (Dey)  (Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Remard 7. Thoroard Cate)	22. October 11, 1932, to Oct 12 , 1935
6. DATE OF BIRTH (month, dey, and year) Lee. 17, 1868	I last saw h_c elive on ( C_1 12 19 35; deeth is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
66 9 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and spant in this spant in this	Cerebral Hamerhage
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month end year) 11. Totel time (years) spant in this occupation	
12. BIRTHPLACE (city or town) besington, W. C. (State or country)	Dther Coutributory Causes of Importance:
13. NAME Losey, Crowley	
13. NAME John Crowley  14. BIRTHPLACE (city or town)	Neme of operation Dete of Dete
(State or country)	What test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Johannah Muchshy.	23. If death was due to externel causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME So hannale Murshy.  16. BIRTHPLACE (city or town) Washington all Cs	Accident, suicide, or homicide?
17. INFORMANT Mrs. Viulio J. Lucchesi	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) East Columbia Varic, andoubite  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It askington De Dete Get 1930	Nature of Injury
19. UNDERTAKER 4. Garche Bour (Address) Phyaumille mod	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED ULT. 13, 1935 Mrs. Jas. Deven	(Signed) Syn Malerelle M. D. (Address) Hallevelle M. D.
al could) If more blanks are needed, address State Registrar,	24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	- X
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	f certificate.
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-TH	mation should be carefully supplied. AGE should b	CAUSE OF DEATH in plain terms, so that it may h	TION is very important. See instructions on back of certificate.

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- ASP 0 3 0
County Prince Garges	Registration Dist. No. 25 &
Village or City Cluther	NoSt.,Ward
(lf	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
P Lai O 1	gs. now long in 0.5. ii of toleigh bilth:yi5yi5
2. FULL NAME Juthe Jackson	
(a) Residence: No. (Usur place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Colouel Shamed	(Month) (Da) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of Wallace Jackson	22. I HEREBY CERTIFY, That Tallended decessed from
54 -10 (16 cm	, 19, to, 19, 19, 19
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Peys IT LESS than	to have occurred on the date stated above, at 10116m.
1/2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trede, profession, or perticular	were es follows:  Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Had Dalle of Jam
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation femous and the second reports as the second reports	"heart alkease" 0
SAW MILL, BANK, etc.	Heart disease; form, not known no au-
	topage. ewigh.
yeer) Occupation occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	Potient was deady when physicion saw here the
(Stete or country)	- never bad made as of bysical examination. No.
13. NAME 14. BIRTHPLACE (city or town)	further informations
14. BIRTHPLACE (city or town)	Neme of operation
40	What test confirmed diagnosis?
15. MAIDEN NAME (city or town)	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
1 . Mahaad	(Specify city or town, county and State) Specify whother Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	- 9555, 110,100, 11,100, 11,100
	Menner of Injury
Piece 1 Date 7 1937	Nature of injury And The Office Alexander
10 HADESTAVE PRATIEN Councies	24. Wes dispers of injury meny way related to occupation of deceased?
19. UNDERTAKEN  (Address)  OTO  ADDRESS  (Address)	If so, specifically le orone
100 SUE ST V Stey St Fully as	(Signed) ones M. D.
20. FILED Registrar.	(Address) Frestalle Add
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	ALTERIAL I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis & EIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 4 1935	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	THE DIATINIA
	E CL

1. PLACE OF DEATH	CERTIFICATE OF DEATH
count Prince george	Registration Dist. No. 249
Village or City Cedan Height	ND. 6411 Herron St.
	death occurred in a hospital or institution, give its NAME instead of street and number
2. FULL NAME Johnson, Fel	
(a) Residence: N. 1515-26 & n. u	V.St. Ward Washington &
(Usual place of abode)	If nonresident give pay or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH BE 29 193
5a. If married, widowed, or divorce	(Month) (Day)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I ettended decea
0 22 1000	1935, to 54 70
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Month Days (f LESS than	I last saw h, 19-20 ; dea to have occurred on the date stated above, a 5 - 400 m.
30 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were s follows:
8. Trade, profession, or particular kind of work done, as SPINNER wechavis	Otilis media 10
A Industry or business in which work wes done, as SILK MILL Cut out to be SAW MILL BANK, etc.	Bacterenia
Date deceased last worked at 11 Total time (years)	maningitis preumococi 1
this occupation (month and 1935 spent in this occupation occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Montgomery Count	Olioi Ottalianti, Salaa oli impolalia
(State or country) war land	
13. NAMe ohnson, I to a Havard	
14. BIND HPLACE (city or town) Warry Court (State or country) Warry Court	Neme of operation Dete of
15. MAIDEN NAME Williams Sausa	What test confirmed diagnosis? Was there an autop:  23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Montabury Court	Accident, suicide, or homicide?
(State or country) wangland	Where did Injury occur?
17. INFORMANT Johnson Flota Heaven	(Specify city or them, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address 6 4 1 1 18, BURIAL, CREMATION, OR REMOVAL	
Place Park Mars Montgone Plate and 26 , 19 85	Manner of injury
11 120 1. 1	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / LANGE / DE STATE OF THE STA	If so, specify
20 FILE Del. 29 1935 Grace don	(Signed) be odoe Oinchere
Registrar.	(Address) 2-448th-2-18

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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5.	-Example I	-N	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	umv/ at 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURLY V S.	July 5, 1927	Peritonitis	3 days ago
1 -1 -1	the Control of the Co			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLATALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

County Silver Seorge  No.  Village or City Alistrick Heights  No.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence In city or town where death occurred.  yrs.  mos.  ds.  How long in U.S. if of foreign birth?  yrs.  mos.  ds.  2. FULL NAME  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)  5. If merried, widowed, or divorced  (Month)  (Day)  (Year)	STATE	OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Alestret Heighto No.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence In city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)  5. If merried, widowed, or divorced		1	25
(If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence In city or town where death occurred	County (7 muce	reorge	Registration Dist. No. 222
Length of residence In city or town where death occurred	Village or City Alextr	up Hughes	NoSt.,Ward
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If merried, widowed, or divorced  (Month)  (Day)  (Year)	Length of residence In city or town where		
Usual place of abode  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  6. OR DIVORCED (write the word)  6. OR DIVORCED (Write the word)  6. OR DIVORCED (Write the word)  7. OR DIVORCED (Write the word)  7. OR DIVORCED (Write the word)	2. FULL NAME LUC	ille John	eore
Usual place of abode  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  6. OR DIVORCED (write the word)  6. OR DIVORCED (Write the word)  6. OR DIVORCED (Write the word)  7. OR DIVORCED (Write the word)  7. OR DIVORCED (Write the word)	(a) Residence: No. Qual	trick Neelal	Ward 12
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If metried, widowed, or divorced (Month) (Day) (Year)			
Terry ese OR DIVORCED (write the word)  5a. If merried, widowed, or divorced  (Month)  (Day)  (Year)		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. If merried, widowed, or divorced	Jew 4. COLOR OR RACE	OR DIVORCED (write the word)	Oct 36 1935
HIISRAND of	5a. If merried, widowed, or divorced HUSBANO of	1 1	
(or) WIFE of HEREBY CERTIFY. Thet I ettended decesed from	(or) WIFE of Gellis	Johnson	The state of the s
6. DATE OF BIRTH (month, day, and year)  Dec. 12,1916  I last saw here elive on 31 of Catalor, 1935; death is seid	S DATE OF BIRTH (most)	Dec 12,1916	
6. DATE OF BIRTH (month, day, and year)  1 last saw h elive on 2 1 07 04 1 1 1 2 2 3 5; death is seid to heve occurred on the date stated above, at 3 A		Days I If LESS then	Programme and the contract of
18 19 19 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	18 22 10	1 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
Oate of onset	8. Trade, profession, or perticular	101min.	Were as pilows:
kind of work done, as SPINNER, Domestee SAWYER, BOOKKEEPER, etc.	SAWYER, BOOKKEEPER, etc.	Domestee	lo ois
S. Hade, professing, or perturbation, or perturbation of the profession of the profe	9. Industry or business in which work wes done, as SILK MILL,		
SAW MILL, BANK, etc	SAW MILL, BANK, etc	11. Total time (years)	
this occupation (month and spent in this occupation occupation		spent in this	
Other Centributory Canses of Importance:	to DIDTUDI ACT (ill A ) 2	20-1-	Other Contributory Canses of Importance:
(Stete or country) C. See, Co.		Lev. Co.	
I 13. NAME Verry Ward	I 13. NAME	vard .	
13. NAME Verry Ward  14. BIRTHPLACT City or town) & Wash. Neme of operation Oate of	I A RIRTHPI ACT CITY OF TOWN	vash.	Name of poeration
14. BIRTHPLACE (city or town)   Oate of	(Stete or country)	we,	Whet lest confirmed diagnosis?
15. MAIOEN NAME Elya Harveries 23. If deeth was due to external causes (VIOLENCE) all In elso the following:	15. MAIDEN NAME Eliza	Hawleins.	
15. MAIOEN NAME Elya Hawkins 23. If deeth was due to external causes (VIOLENCE) III In elso the following:  Accident, suicide, or homicide?	0 16. BIRTHPLACE (city or town)	74.1	
Where did injury occur?	∑ (Stete or country)	/UEC-	Where did injury occur?
17. INFORMANT Clara Card Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Countries Countr		rand.	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury	18. BURIAL, CREMATION, OR REMOVAL	4 111 4	Manner of Injury
Place O'Lestin Dete	Place + O'RALL	Dete/.9	Nature of injury
19. UNDERTAKER A Was disease or Injury In any way releted to occupation of deceesed? Local Address)  19. UNDERTAKER A Was disease or Injury In any way releted to occupation of deceesed? Local Address A Was disease or Injury In any way releted to occupation of deceesed?		washington	
20. FILEDION 2 , 1935 John E. Muss (Signed) The odore Pincheney. D.	2 2 2/50	ms E. Wass	(o' xh' (Signed) The volove Tinckeren. D.
Registrar. (Address) 8.1.2.4.4. St. No. 1.  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	If mor		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritisDEC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
8. //			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

Gu	ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	S BY PHYSICIAN
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			+	

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTI	FICATE	OF	DEATH
OITTIE	01	INIVALE I	71110	OLIVII	110/11	0.	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

STATE OF MARYLAND	CERTIFICATE OF DEATH 11190
1. PLACE OF DEATH	
County Trong George	Registration Dist. No.
Village or City de America	NoSt Ward
(10	f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?wrsmosds.
2. FULL NAME anna belle Johns	lone
(a) Residence: No. Olem January (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /3 193. U
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of of Allean Orhantone	22. I HEREBY CERTIFY. That I attended deceased from
Q 05 1001	Deag 10 , 19 5 to Oct 10 , 1900
5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays,  If LESS than	1 lest saw h
34 3 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Margara slavenda C 12/13
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and	Som shows
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 3440	
12. BIRTHPLACE (city or town) Brunsmit County, Va. (State or country)	Other Contributory Causes of importance:
13. NAME James Poyal Harchmorton	- annufare
13. NAME (loyal Throchmorton  14. BIRTHPLACE (city or town) Much leadery County  (Stete or country)	Name of operation Date of
	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sparks Murkling  16. BIRTHPLACE (city or town) - Prunquick Country  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
E (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mellis Throatene (Address) Saurel my 1.	Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURNAL SESMATION, OR REMOVAL	Manner of Injury
Place Washington D.C. Oate Och 13, 19 33	- Nature of injury
19. UNOERTAKER 2. 11 Chambers Co. (Address) 5/7-1/5 et S.E.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO. Oct. 13, 19 35 Millie Brashears. Registrat.	(Signed) What I My M. D.  (Address) John M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	RE
BINDING	PERMANENT
FOR	IS A
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RE
	WITH
V. S. No. 1	B.—WRITE PLAMLY,
>	ż

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

RD. Every item of infor-

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
EATH				

1	1	1	y	1	

1. PLACE OF DEATH	101-cu)	- 2
County PRINCE CEORGE	Registration Dist. No.	45
Village or City ROGERS HTS	No. 18 - TRankline St.,  (If death occurred in a horpital or institution, give its NAME instead of street an	- Ward
Length of residence In city or town where death occurred/	nosds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Ofred Elmer Luck	If U.S. Veteran specify WAR	**********
(a) Residence: No. Rogers Office (Usual place of abode)	List St., Ward.  If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (wrighthe word)  Male  Market	21. DATE OF DEATH  (Month)  (Day)	, 193 5 - (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Hausteyies Suckeys	22. I HEREBY CERTIFY, Thet I attended to the state of the	ed deceased from
7. AGE Years Months Days If LESS than 1 day,h	to have occurred on the date stated above, at	*
8. Trade, profession, or particular Ohipe, Claud.	Brancheles	Date of onest
kind of work done, as SPINNER, Oll Bull tell: Co  NAWYER, BOOKKEEPER, etc. Oll Bull tell: Co  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and		
10. Date deceased lest worked et this occupation (month and year) 11. Total time (years) spant in this occupation 43		
12. BIRTHPLACE (city or town) Battle Creek Mich	Other Contributory Causes of importance:  Creater pourusly, replieds	unk.
nal to l	- Carora delation	- June
13. NAME Manley Gredson  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation	
	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
17. INFORMANT Ella Rawkins Judson	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Swith Elgin Ill Date Glob 24, 193	Manner of Injury	
19. UNDERTAKER J. Jaselie Jours J. (Address) Jayalls wife on F	24. Was disease or injury In any way related to occupation of deceased?	20
20. FILED Qt. 23, 1935 Mrs. Jac. Leve	(Signed) Sandelle (Address) See Labelle (Address)	M. D.
If more blanks are needed, address Sale Regist	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
188	0		
Other contributory causes of importance:	41	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	66		
13	-0.		
	-44		

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1985	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 18 53

PHYSICIANS should state Exact statement of OCCUPA.

RD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

A THAT OF THE OF MARKIERING	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48
County 12. De 0	Registration Dist. No. 245
Village or City ) tyslamelle Md	No. University Hts. St., Ward
many	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
	now long in 0.3.11 of folgon births
2. FULL NAME Marquerite Torra	Med U.S. North all a Colonia Colonia
(a) Residence: No. Sladous dung	1-3, Ward.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5/SWOLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Colorer 5
Jamaie Mine Parine	(Month) (Oay) (Year)
5al Married, widowed, or divorcad HUSBAND of Jor) WIFE of	20 A I HEREBY CERTPEY LIMB attended decassed from
(Not) wire of	Dept 23 1035 10 October 5 1935
6. DATE OF BIRTH (month, day, and year)	I last saw now_alive on Detaler 5 , 1935; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at A. N. M.
48 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
& Trade profession or particular	Carcinoma Date olonset
o kind of work dona, as SPINNER, hamad Tursol	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Joata deceased last worked at this coveraging (month and this covera	Merus
SAW MILL, BANK, etc.	May 5.35
O 10./Oata deceased last worked at this occupation (month and last occupation (month and last occupation occupation)	
year) Octupation CO	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	· Mone
(State or country) Wignerta Ya	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation Museus Care of the Science Science
(Stete of country)	What test confirmed diagnosis? Was there and ulopsy? A Q
I 15. MAIOEN NAME fanns Me teldon	23. If deeth wes dua to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Fanns The seldon	Accident, suicide, or homicide?, Data of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT alfred D. Dailey	Spacify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OB BEMOVAL, PAR.	
Place Thi direction Oate 7-19 55	Manner of injury
riace 1 as continued on the state of the sta	Nature of injury
19. UNOERTAKER + Justin Burn	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Skyattrielle mod	If so, specify
20. FILEO Oct 1	(Signed) M, D.
Registrar.	(Address) Rejaille Black
11 more Dianks are netaea, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. No. 1.

V. S. No. 1

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9.—The industry or business in which the work was done.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foraign birth? \_\_\_\_\_\_yrs.\_\_\_\_ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX OF 5. SINGLE, MARRIED, WIDOWED, DEATH OR RACE OR DIVORCED (write the word) 10 (Day) (Year) 5a. If marriad, widowed, or divorced HUSBAND of RTIFY, That Lettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 630. P. m. If LESS than 7. AGE Yaars Months 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

What test confirmed diagnosis?\_ 23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicida, or homicide? Whare did injury occur?\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Mannar of injury Neture of injury

24. Was disease or injury in any way ralated to occupation of deceased? if so, specify

(Signad) (Address)

ded, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

or\_\_\_\_min. 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceasad last worked at 11. Total tipre (years) this occupation (month and spent in this occupation .... 12. BIRTIIPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) HER 15. MAIDEN NAME MOT 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)

If more blanks are no

S. No. 1

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Chronic interstitial nephritis	NOV 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	al stoil	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S	- 16		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_\_\_\_\_yrs\_\_\_\_mos.\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.. statement PHYSICIAN 2. FULL NAME RECORD (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL carried (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from 1884 团 certificate. 6. DATE OF BIRTII (month, day, and year) properly 7. AGE If LESS than to have occurred on the date stated above, et\_\_\_ Days Months stated 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, Jo SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which may should work was done, as SILK MILL. SAW MILL, BANK, etc ... 11. Total time (years) TO. Date deceased last worked at on this occupation (month and spent in thes that 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 14. BIRTHPLACE (city or town). (Stete or country) efully What test confirmed diagnosis?\_\_. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_, 19\_ 16. BIRTHPLACE (city or town)\_\_\_\_\_ DEATH (State or country) Where did Injury occur?\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT. pluods CAUSE OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE mation Nature of injury. 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER M

Data of onset

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BUREAU V. S.			
Other contributory couses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Ty, Tao	(13)
Village or City My (No	laghe
PERSONAL AND STATISTICAL PARTICULARS	MEDIC
A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
Autof Birth  July 1848  (Month) (Day) (Year)	that I last saw h
AGE  67 yrs. 3 mos. 4 ds. or min.	The CAUSE OF DEAT
(a) Trade, profession or particular kind of work  (b) General nature of industry  business, or establishment in	- Fal
Which employed or (employer)  BIRTHPLACE (State or country)  MONTH 1/44	Contributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)	*State the l Violent Causes, st Accidental, Suicidal 18 LENGTH OF RC ients or Recent Re At place of death yrs
(Informant) Sacrel, Hay Por	it not at place of dea Former or usual residence

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 237

(If d-ath occurred in a hospital or institu-Ward) tion, give its l'AME is stead of street and number.) AL CERTIFICATE OF DEATH (Dsy) CERTIFY, That I attended the deceased from red on the date stated above, at (Duration (Address) ls ase Causing Death, or, in tate (1) Means of Injury and in deaths from and (2) Whether er Homleidal. SIDENCE (For Hospitals, Institutions, Transsidents) In the ..yrs.....mos... nos. ......ds. racted, DATE OF BURIAL ADDRESS 20 UNDERTAKER

If more b.anks are needed, addre.s : tate wegistrar, 16 W. Saratoga St., Balto., Lequesting V. S. 1.o. 1.

Registra

(Approved by U. S. Census ɛnd American Fublic Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been charged gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the place EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of st\_ted unless important. Example: Measles (disease "Inanition," "Marasmus, Viunge, when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E:haustion," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the elanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.X or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

II this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Pure Georges	Registration Dist. No. 230
Village or City Servery (100	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
the same of the sa	death occurred in a hospital or institution, give its INAIVIL instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME (Slittling) Ulities	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (File the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. L HaEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	Delulu 1 1935 to 19
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trade, profession, or particular kind of work done as SPINNER	Still low Oate of anset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month end	
Not was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at 11. Total time (years)	
O this occupation (month end spant in this occupation occupation	
12. BIRTHPLACE (city or town) BONLYM WC	Other Contributory Causes of importance:
(State or country)	
# 13. NAME Wally & Meitsee	
14. BIRTHPLACE (city or town) Chillery (Child or country)	Name of operation. Oete of
(State of County)	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town) Wesline Vin 18	23. If death was due to external causes (VIOLENCE) fill In elso the following:
[ 16. BIRTHPLACE (city or town) Wesling Aug ( )	Accident, suicide, or homicide?
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Walter 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL Harky  (LLQ)	
Plece Wash Ministry Date 2 ct 2- 1935	Manner of injury
00 1 81	Nature of injury
19. UNDERTAKER Chima Countrave.	24. Was disease or injury in any way releted to occupation of decesed 100
	(Signed) W- Colly Jukation M.D.
20. FILEOU'LE - 2 -, 1935 John & Multi	(Address) ROMMIII.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state JPA-		CERTIFICATE OF DEATH
St	1. PLACE OF DEATH	92-0
ould state	County Grence Leorges County	Registration Dist. No. 245
	Village or City Breentwood ma	No. St., Ward
0	Length of residence In city or town where death occurred 2 yrs mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
HYSICIANS et statement	Edward Maria	ds. How long in U.S. if of foreign birth?yrsmosds.
CI.	TI TOLL WANTE	P. T. ADO
YSICIANS	(a) Residence: No. 212 School st (Usual place of abode)	St., Ward. Drenwood /ho.
et H	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
<b>∺</b> ₩	OR DIVORCED (prite the word)	Octobes 7 1935
T L	5a. If married, widowed, or divorced	(Month) (Day) (Year)
Siff	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
X A clas		8/15 ,19 35,10 10 6 ,19 35
	6. DATE OF BIRTH (month, day, and year) June 12, 1925	I last saw h_sat_ alive on essert 10 16 , 19 35; deeth is said
stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:15A-m.
stated proper ertific	10 years 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_	8. Teath, profession, or particular kind of work done, as SPINNER,	Cardiac Jailura
be v of	SAWYER, BOOKKEEPER, etc. Student	Ty teal I moufficience
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
she she it it is	10. Date deceased last worked at 11. Total time (years)	
	this occupation (month end spant in this occupation	
	12, BIRTHPLACE (city or town). ashville	Other Coutributory Causes of importance:
d. so ructi	(State or country) north Carolina	
illy supplied. plain terms, . See instru	E 13. NAME amaia nelson	
upp ter	13. NAME Cingia Nelson  14. BIRTHPLACE (city or town) South Carolina  (State or country)	Name of operation. Dete of
y sul	L (State or country)	What test confirmed diagnosis?
efully in pla ant.	15. MAIDEN NAME Maggie, Valterson	23. If death was due to external causes (VIOLENCE) fill in also the following:
60	16. BIRTHPLACE (city or town) Sherron (State or country) Sherron (State or country)	Accident, suicide, or homicide? Date of Injury, 19
TTH	(State or country) South Carolina	Where did injury occur?
98	17 INFORMANT Maggie nelson	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Barrell H	(Address) Brentwood me	
sho E OI is ve	18. BURIAL, CREMATION OF BENEVACE metery 10/9 35	Manner of injury
E 12	Place prashington 10. C. Date 10/9, 1935	Neture of injury
mation s CAUSE TION is	19. UNDERTAKER & Lacks Son	24. Was disease or injury in any wey related to occupation of deceased?
HOH	(Address) Sty attsvilles me	If so, specify
(F)	20 FILED DET 8 19 35 Mas Inaggeres	(Signed) Yocalm Witchell M.D.
(1)	20. FILED Company (1992)	(Address) O 817 T ST. T.W Was

V. S. No. 1

RD. Every item of infor-

UNFADING INK-THIS IS A PERMANENT RI

WITE

-WRITE PL

N. B.

FOR BINDING

TARGIN RESERVED

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1995	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 11199
County Gro Georges Country	(3)
Village or City At Etteville Ma	Registration Dist. No. 245
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Therfert helson	If U.S. Voteran specify WAR
(a) Residence: No. Carroll + University arm (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Ethel Mary Hardy	22. I HEREBY CERTIFY. That I attended deceased from 1933, to Oct. 17 1935
6. DATE OF BIRTH (month, day end year) Feb. 10 1898.	I last sow h som alive on Oct 17 198 5: death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 11 30 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	- Claute Cardias Welitation Octog 3
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	· Mujocacontie Cler
10. Data deceased last worked at this occupation (month and yaar)	- Tuplentie Clas
12. BIRTHPLACE (city or town) Oreland (State or country)	Other Contributory Causes of importence:
13. NAME James Relson	These tiles acrete July 3
14. BIRTHPLACE (city or town) Dreland (State or country)	Name of operation
15. MAIDEN NAME Mary Shaw Nelson	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Oreland	23. If death was dua to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Ethel Mary heleon (Address) Frontleville Ma	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL MAJOCT 21, 1935	Manner of injury  Nature of injury
19. UNDERTAKER + Lascha Sons (Address) Sky attanelle - Ind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct. 020, 1955 Mars January Registrar.	(Signed) Machine M. D.  (Address) M. Charles Street, Baltimore, Regulating V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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BUDFAU V. S.	and the second s		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. THON is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

Length of residence in city Sown where death occurred.  (If death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of residence in city Sown where death occurred.  (It death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of residence in city Sown where death occurred.  (It death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of residence in city Sown where death occurred.  (It death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of residence in city Sown where death occurred.  (It death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of residence in city Sown where death occurred.  (It death occurred in a hoppital or institution, give its NAME instead of street and number)  (It death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of freely or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Vear)  21. DATE OF DEATH  (Month)  (Day)  (Wonth)  (Day)  (Vear)  Let EB Y C ERT I FY, That I attended deceased for to have occurred on the date stated above, at S. J. m.  1 have occurred on the date stated above, at S. J. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance in the following spent in this spent	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village Dr City Accord Covered Covered Covered Covered in a hospital or institution, give its NAME instead of street and anumber?  Length of residence in city drawn where death occurred covered in a hospital or institution, give its NAME instead of street and anumber?  2. FULL NAME College of Covered Covered Covered State Covered Co	1. PLACE OF DEATH	11300
Village or City Notocles which a course in the word of street and number)  Length of residence in city of twm where death occurred and a horpital or institution, give its NAME instead of street and number)  2. FULL NAME death occurred and a horpital or institution, give its NAME instead of street and number)  (a) Residence: No.	County Ruce Hoof Tex	Registration Dist. No. 456
Length of residence in city of www where death occurred.  2. FULL NAME  (a) Residence: ND.  (b) Clusuiplace of abode  (a) Residence: ND.  (c) Clusuiplace of abode  (b) St., Ward.  (c) Medical Certificate of Death  (d) Medical Certificate of Death  (e) PERSONAL AND STATISTICAL PARTICULARS  (b) MEDICAL CERTIFICATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF BIRTH (month, day, and year)  (b) Wife of  (c) Wife of  (d) Wife of  (e) Days  (ii) LESS than it day.  (iii) And of work done, as SPINNER, SAWYER, BODKKEPER, etc.  (c) State or country)  (c) State or country)  (b) Date decase of importance:  (c) State or country)  (c) State or country)  (b) Mare of operation.  (c) Was there an autopsy?  (b) Was there an autopsy?	Village or City Novoda Coner Chesastia K	Y No. St., Ward
(a) Residence: No		
(a) Residence: No	2. FULL NAME L. Olivera Veleu	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLORDOR RACE OR DIVORCED (pric the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pric the word)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. Today of word one as SPINKER, SAWYER, BODKKEPPER, etc.  9. Industry or business in which word was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation will be compatible of this occupation of the state of the country of th	4 D1/	St Ward
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pairs the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) May by 1 (LESS than 1 day, hrs. or min.  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BODKKEPPER, etc.  9. Mattry or business in which work was done, as SPINNER, SAWYER, BODKKEPPER, etc.  10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) Spinner, or particular spin in this occupation work was done, as SILK MILL, SAW MILL, BANK, etc.  12. BIRTHPLACE (city or town)  (State or confirty)  Was there an autopsy?		If nonresident give city or town and State
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Government of the Wisband of Government	PERSONAL AND STATISTICAL PARTICULARS	
5a. If married, widowed, or divorced HUSBAND of CERTIEY. That I attended deceased from Wife of 19 CERTIEY. That I attended deceased from Wife of 19 CERTIEY. That I attended deceased from 19 CERTIEV.		21. DATE OF DEATH
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) May be a solid with the same of the same as SPINNER, SAWER, BOOKKEPER, etc.  9. Industry or business in which work done, as SPINNER, SAWER, BOOKKEPER, etc.  10. Date deceased last worked at this occubation, month and spear) spent in this pearly bear of country)  27. I HEREBY CERTIFY. That i attended deceased from the last saw has allow on the same as same and the same as	7" Took Single	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) **Months	HUSBAND of	27. I HEREBY CERTIFY, That i attended deceased fro
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  2. The PRINCIPAL CAUSE OF DEATH and related causes of Importance write as follows:  NOT SAWYER, BODKKEPER, etc. Some late of the society of th	(of) wife of	July 15 1035, 10 ling 15 , 1935
27 S G 1 day, hrs. or min.  8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) Signature of the compation occupation (State or country)  12. BIRTHPLACE (city or town) State or country)  13. NAME  14. BIRTHPLACE (city or town) Classes of operation.  15. Was there an autopsy?	6. DATE OF BIRTH (month, day, and year) May lah 1968	last saw har alive on Cuy 5, 1935; death is sai
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decease last worked at this occupation (month and 3 for occupation)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or twn)  (State or country)  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?	1 C I day him	
Skind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.     9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.     10. Bate decease last worked at this occupation (month and year)     11. Total time (years)	2/ G T ormin.	THE I KINCH ALL CAUGE OF DEATH and related causes of importance
year) De 19.26 occupation  Diher Coutributery Causes of importance:  12. BIRTHPLACE (city or town) Country)  13. NAME Occupation  14. BIRTHPLACE (city or town) Colors to town) Colors town  (State or country)  Was there an autopsy?	8. Irade, profession, or particular kind of work done, as SPINNER,	Lulmorar Juberculous 18019.
year) De 19.26 occupation  Diher Coutributory Causes of importance:  12. BIRTHPLACE (city or town) Country)  13. NAME Of operation Date of Operation What test confirmed diagnosis? Was there an autopsy?	9. Industry or business in which	Dead for a livalle
year) Dec 1924 occupation Diher Coutributory Causes of importance:  12. BIRTHPLACE (city or town) Classes of importance:  13. NAME Of operation Date of Operation Date of Operation What test confirmed diagnosis? Was there an autopsy?	work was done, as SILK MILL, SAW MILL, BANK, etc	- Pinallended
12. BIRTHPLACE (city or town) Chelteulian Dther Coutributory Causes of importance:    13. NAME		
(State or country)  13. NAME  14. BIRTHPLACE (city or turn)  (State or country)  What test confirmed diagnosis?  Was there an autopsy?	year) 10 12 occupation occupation	Dther Coutributory Causes of importance:
13. NAME OF COUNTY OF LOS OF COUNTY OF LOS OF COUNTY OF		
What test confirmed diagnosis?		
(State of country) What test confirmed diagnosis? Was there an autopsy?	E 15. HAMIES	
	14. BIRTHPLACE (city or ton)	
	15. MAIDEN NAME OLI 112. Pour Scrim	
16. BIRTHPLACE (city or town) Oraculeyume Accident, suicide, or homicide? Date of injury 19		Accident, suicide, or homicide? Date of injury, 19
where did Injury occur?	(State or country)	Where did injury occur?
(Specify city or town, county and State)  17. INFORMANT Wary (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	17 INFORMANT Mary Jooses	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Cusacostla WY	71 14111	
18. BURIAL, CREMATION, OR REMOVAL  Manner of injury	(1) T. m. 1 (0/2)	Manner of injury
Place Limiton 1 Mar. Date 18/35, 19 Nature of injury	Place Limion Date 18/35, 19	Nature of injury
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?		24. Was disease or injury in any way related to occupation of deceased?
(Address) 30 H Sh net   If so, specify   1 (1)	1100	La Vice Fall (mark)
20. FILED OLL (Signed) blue Ol of the M.	20. FILED OLL 5, 19 1. Heavy for free free free free free free free	A Maria Cha
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Wo. 1.	Registrar.	A

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	T RECEARD. Every item of infor- Y. PHYSICIANS should state Exact statement of OCCUPA-
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECERD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, mation should be car CAUSE OF DEATH TION is very import

	STATE (	OF MARY	LAND-	CERTIFICATE OF DEATH	1201
1. PLACE OF DE	ATH	-			c (1
County (	mice.	Prov	ge.	Registration Dist. No. 2	39
Village or City	Laure	O- ma	1	No. Telfall St.,	Ward
Length of residence in	City or town where	daath occurred	(If	f death occurred in a horpital or institution, give its NAME instead of street and no sds. How logg in U.S. if of foraign birth?yrsmos	
2. FULL NAME	4 mo	Funal	- File	s Oshnann-	
(a) Residence: No.	Tallo	7 Ook- (Usual place of	Pau	cof hower	
PERSONAL A	ND STATIST	ICAL PARTIC		If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	late
	LOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH	-
7	1. This X	OR DIVORCED		10 2	193 5
5a. If married, widowed, or d	ivorced	1	gre-	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended d	-
		. / . 1	-	/ 0 2 ,19 J F, to / 8 2	
6. DATE OF BIRTH (month, 7. AGE Yaars	4	10/2/3	5		death is said
7. AGE Yaars	Months	/Days /	If LESS than I day,hrs.	to have occurred on the date stated above, at. 1.0.306.L.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profassion, or	, nostinulas		ormln.	ware as follows:	Date of enset
kind of work doi SAWYER, BOOKH	ne, as SPINNER,			muning	
NO SAWYER, BOOK! 9. Industry or busines: work was done, sAW MILL, BAN 10. Date dacassad last to this occupation of					
10. Date dacaasad last this occupation (	worked at month and	11. Total time spent i	in this		
12. BIRTHPLACE (city or tow	P	ul lu	M	Other Contributory Canses of importance:	
(State or country)	1	1		lefted heavy juriture	
13. NAME and	lon D.	Ushn	enn-	/ ()	
13. NAME  14. BIRTHPLACE (city or (Stata or country		lung	laroc	Name of operation Data of	
15. MAIOEN NAME	MAALL (	2 Store	varel	What test confirmed diagnosis? Was thera an au  23. If death was due to axternal causes (VIOL ENCE) fill in also the following;	- 0
15. MAIOEN NAME  16. BIRTHPLACE (city of	Units	y have	P. 00	Accident, suicida, or homicide? Data of Injury	
Stata or country			lary xx. L.	Whare did injury occur?	
17. INFORMANT	my G	How	arel	(Specify city or town, county and State Specify whathar Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	DE.
18. BURIAL, CREMATION OF	REMOVAL	M- 1	2	Manner of Injury	
Place Ut 14	me	Date Wer	2 1935	Nature of injury	
19. UNDERTAKER CIV	lon B	ashua	machen	24. Was disaase or injury In any way related to occupation of daceased 20	
(Address)	La	unes !	me	If so, specify	
20. FILED DEA - 2	., 1935	11.18pl	al Registrar.	(Signad) (Addrass) Tayur	M. D.

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Chronic interstitial nephritis ACN 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAC	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1

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AD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND	-CERTIFICATE OF DEATH 11202
1. PLACE OF DEATH	210·m
County Grance Jeorge	Registration Dist. No. 233
Village or City Frorestrells	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
89 0 0 0 0 1-	nosds. How long in U.S. if of foreign birth?yrsmosds.  St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Marke  4. COLOR OR RACE OR DIVORCED (write the word)  Market  M	21. DATE OF DEATH  October  (Month)  (Day)  (Year)
50. If merried, widowed, or divorced. HUSBAND of Josephine armstrong Peterson. (01) WIFE of Josephine armstrong.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) for 9-1870  7. AGE Years Months Days if LESS than 1 day,	
kind of work done, as SPINNER, Januar at Gaputar SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	hand deblocation of less
12. BIRTHPLACE (city or town) Brooklyn (State or country)	Other Contributory Causes of Importance:
13. NAME Walliam Petersen  14. BIRTHPLACE (city or town) Gramany  (State or country)	- withthe
4. BIRTHPLACE (city or town) 4. (State or country) 4. (State or country)	Neme of operation
15. MAIDEN NAME Jeanette Hunsuirth  16. BIRTHPLACE (city or town)  (Stete or country)  Stermany	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur? Mexibaro Pike, between Foxestrile & Mexiden
17. INFORMANT Josephine a Ceterson (Address) Forestrille mid-	Specify whether injury occurred in DUSTRY, in HOME, or in PUBLIC PLACE.  Afarry  Control of the
18. BURIAL, CREMATION, OR REMOVAL Piece Forestrille md Date Oct 21, 19 3	Manner of injury Celling Borones 98
19. UNDERTAKER Pitchie Brothers (Address) When marlboro mel	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must statc:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis NOV 5 1960	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RIPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The brobability in that this Walen	STATEMENTS BY PHYSICIAN Thad a volvules of the signing
the borales of mature of her distenses	prim the left lower quadrapht
Janes Jan Santagh	Infalling in mo
U U	

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA-

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1	1)		
1	1	2	11.	1
			'	ж.

1. PLACE OF DEATH	
County Prince Learne,	Registration Dist. No. 23 V
Village or City Canadan and	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
7. 7. 17.	C
2. FULL NAME Marking Clark	Vica and
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored Marcel (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of MARCON AND AND AND AND AND AND AND AND AND AN	
(Or) WIFE of lesabeth ada Troctor	22. HEREBY CERTIFY, That lettended decessed from
6. DATE OF BIRTH (Wonth, day, and year) Left. 5. 1896	I last saw h. John alive on Oct 29, 1935; death is said
6. DATE OF BIRTH (wonth, day, and year) Sept. 0 . / 3 7 6 7. AGE Years Months Oeys II LESS than	to have occurred on the date steted above, at
39 / /3- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
Trade profession or particular	were as follows:  Oato of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and Emergiation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occumation (month and	Of Typhoid Sever Best 120
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
•	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Sulvester Proctor	
13. NAME Sylvestev Proctor  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Proctor	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margaret Proctor  16. BIRTHPLACE (city or towns)	Accident, suicide, or homicide?Date of injury19
E (State or country)	Where did injury occur?
17. INFORMANT Clubeth Froctor	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	
18. BURIA, CREMATION, OR REMOVAL U. Do Book Constay Clinton & Date Trov. 2, 19.35	Manner of injury
Date Date 1950	Neture of injury
19. UNOERTAKER Heently & Jyon	24. Was disease or injury in any way related to occupation of deceased?
(Address) Acadaig mi.	If so, specify
20. FILED MAN 1 , 1924 Lugy Julian	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of do of importance were as for	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8 2 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 1905	July 5,1927	Peritonitis	3 days ago
	BUKEAU V. S.			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

7. PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11205
1. PLACE OF DEATH	CERTIFICATE OF DEATH
P	Paristables Diet No. 9 115
County Orusice Storge	Registration Dist. No. 2
Village or City Chy allowelle (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hannie Catherine	Cattle S. Veteran specify WAR
(a) Residence: No. R. R. are Styattown	lest, / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (white the word)	CLC 28 193 5
5e. If married, widowed, or divorted	(Month) (Day) (Year)
HUSBAND of (or) WIFE of 40	22. / HEREBY CERTIFY That I attended deceased from
quarte & Suller	WW 1975, to WW 18, 1978
6. DATE OF BIRTH (month, day, and year) Ofer 10-1913	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at / 40 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
20 6 1 8 ormin.	were as follows:
8. Trade, profession, or particular kind of work done as SPINNER,	and the state of t
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at CCT27 11. Total time (years) this occupation (month and	of was 15-500
work was done, as SILK MILL, SAW MILL, BANK, etc	
O TO. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation crupation	
Prince Garage	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) O March Control (State or country)	Anne
E TOTAL DE LA CONTRACTION DEL CONTRACTION DE LA	Name of operation Date of Date of
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Famue Johnsons	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Famule Johnsons  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Ourrles + Queen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) PRaul Segattavelle y &	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place II ach i he Date Willy 39.19.33	Nature of Injury
19. UNDERTAKER of Maseles John	24. Was disease or Injury In any way related to occupation of deceased?
(Address) greathrable and a	If so, specify
20. FILED LT. 28, 19 25 Myor ao. Registrar.	(Signed) M.D. (Address) And address M.D.

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Date of onset		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

206

1. PLACE OF DEATH	&
County Truce Jeorge	Registration Dist. No. 245
Village or City Phyotherille	
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?dsds.
2. FULL NAME In frages to	Leant S. Veteran apecify WAR.
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (27 1935)
5e. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10-1 0-7"	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	l last saw h; death is seid
Days IT Less than 1 dey,hrs.	to have occurred on the date stated above, et 1 25 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked at this cocuration (mostly and the state of the s	5000
SAW MILL, BANK, etc	
Spantin this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Wharles & Luceur	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
x	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Farmer Callerine Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
1 State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ough + Queen (Address) Abyorthouselle une d	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place 1/ash Al Date (10 30/1935	Nature of injury
19. UNDERTAKER 4. Jasolis House	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Sprattivelle med	If so, specify
20, FILED Out 28, 1935 mor Jas. Den	(Signed) The Man M. B.
Debuty & Registrar.	(Address) frullatelym

If more blanks are needed, digress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritic 15 1953	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

FOR BINDING	IS A PERMANENT
ARGIN RESERVED FOR BINDING	NFADING INK-THIS
	WITH U
V. S. No. 1	N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT
>	z

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF D	DEATH 11207
ATH	

Length of residence in gift or town where death occurred. Y. yr. mos. ds. How long in U.S. if of forsign birth? yrs. mos. ds. How long in U.S. if of forsign birth? How long in U.S. if of forsign birth? How long in U.S. if of forsign birth? How long in U.S. if of the U.S. if of forsign birth? How long in U.S. if of the U.S.	1. PLACE OF DEATH	(B)
Village or City Hy attended to courred to the borgist of residence in giv or town where desth occurred to the borgist of residence in giv or town where desth occurred to the borgist of residence in giv or town and semblery destated to the control of the course of the borgist of residence in giv or town and State  2. FULL NAME  (a) Residence: No. Security State of Clust place of abody  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCES Generate the world)  OR DIVORCES Generate the world (or) WHE of the world)  OR DIVORCES Generate the world (or) WHE of the world)  OF THE INSTITUTE OF DEATH  2. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  8. Tasks, probasion, or particular work was obere as SIK MILL.  SAMYER, BOOKEEPER, etc.  9. Ladestry or particular work was obere as SIK MILL.  10. Date General lies worked.  10. Date General lies worked as SIK MILL.  10. Date General lies worked as SIK MILL.  11. Total time (year) 7 occupation.  Other Castificiery Causes of importance:  What test confirmed diagnosis?  12. BIRTHPLACE (city or town).  Accidence of injury  Name of operation.  Date of what test confirmed diagnosis?  13. MAIDEN NAME  14. BIRTHPLACE (city or town).  Accidence of injury  Name of injury  Name of injury  Nature of injury	County June Lines	Registration Dist. No. 245
2. FULL NAME  (a) Residence: No. Sauch Heart Mark  (b) It housesides a Residence: No. Sauch Heart Mark  (C) It has beed a Residence: No. Sauch Heart Mark  (C) It has beed a Residence: No. Sauch Heart Mark  (C) It has beed a Residence: No. State Mark  (C) RESIDENCE ARRIED WHOWED  (R) It have developed or divorced HUSEAND or (Or) Wife of Save Months  (F) It have developed or divorced Huseard (Or) Wife of Save Months  (R) AGE Years Months  (R) It as saw h. L. Save M. L. Save M. Save Months  (R	Village or City of fyallarle	No. Sacred Heart Shure St., Ward
(a) Residence: No. Jacob for (Unual place of shock)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  OR DIVORCED (service the word)  ON DIVORCED (service the word)  ON VIET of  It married, widowed, or divorced (Month)  (Day)  (Wasr)  (Wasr)  It married, widowed, or divorced (Month)  (Day)  (Wasr)  (Wasr)  (Wasr)  (Wasr)  22. DATE OF DEATH  (Month)  (Day)  (Wasr)  (Wasr)  (Wasr)  (Word)  (Word)  (Word)  (Word)  (Word)  (Word)  (Wasr)  (Word)  (Word)  (Word)  (Word)  (Word)  (Word)  (Word)  (Wasr)  (State or country)  (Wasr)  (State or country)  (State or country)  (State or country)  (Wasr)  (State or country)  (State	Length of residence in our or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED   OX DIVORCED (partic the word)   It married, widowed, or divorced   White of (R) white of (R	(a) Residence: No. Sacred Heart Home	St., Ward. Ba. Md.
It martied, wildowed, or divorced by the state of the word of the state of the word of the state of the word of the state of the stat	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1   HEREBY CERTIFY, That I attended deceased from (10) WIFE of (10) WI	OR DIVORCED (swrite the wo	ord) Oct 8
DATE OF BIRTH (month, day, and yeer)  DATE OF BIRTH (alive on Late of Late		(Month) (Day) (Year)
DATE OF BIRTH (month, day, and yeer)  AGE  Years  Months  Days  IT LESS than 1 day, hrs. of min.  8. Trade, prosssion, or particular SAWYER, BOUKKEFER, etc. 9. Industry or business in which work was done as SIK MILL, SAW MILL, BAHK, etc. 10. Date decased last worked at this occupation (state or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. MAIDEN NAME  Authority  16. MAIDEN NAME  Authority  17. INFORMANT  Authority  Authority  Accident, suicide, or homicide?  Date of injury  Accident, suicide, or homicide?  Date of injury  Accident, suicide, or homicide?  Date of injury  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in solvey related to occupation of decased?  Nature of injury	HUSBAND of (or) WIFE of	
AGE Years Months Days If LESS than to have occurred on the date stated above, at 2 2 .m.  The PRINCIPAL CAUSE OF DEATH and related captes of Importance were as follows:  8. Trade, profession, or particular find of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAK, etc.  10. Date deceased last worked at this occupation (month end 1930)  11. Total time (years) year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME Country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Country  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT And Angles of the profession of deceased?  18. BURIAL CORPTAINER (CITY or town)  (State or country)  19. UNDERTAKER ALLY A SAMALE (Address)  19. UNDERTAKER ALLY A SAMALE (Address)  10. Days of men as to have occurred on the date stated above, at 22 .m.  The PRINCIPAL CAUSE OF DEATH and related captes of Importance were as follows:  4. Author Country Author (Samale Capter)  10. Days of men as follows:  11. Total time (years) Particular (years)  12. SHALL CARLISE OF DEATH and related captes of Importance were as follows:  11. Total time (years)  12. Other Country Causes of importance in the date stated above, at 22 .m.  12. The PRINCIPAL CAUSE OF DEATH and related captes of Importance were as follows:  12. Author Country Author (Samale Capter)  12. SHALL CARLISE OF DEATH and related captes of Importance were as follows:  12. Author Country (Samale Capter)  13. The PRINCIPAL CAUSE OF DEATH and related captes of Importance were as follows:  14. BURLING CAUSE OF DEATH and related captes of Importance were as follows:  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Author (Samale Capter)  18. BURLING CAUSE OF DEATH and related captes of Importance were as follows:  19. Author (Samale Capter)  19. Author (S	DATE OF BIRTH (month, day, and year) Oct. 13, 1856	6-10
8. Trade, profession, or particular and of comman SPINNER, Jauloung SAWYER, BOUKELEPER, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Date decessed last worked at this socipation (month and 1930) II. Total time (years) 3 pent in this occupation (month and 1930) SIRTHPLACE (city or town) (State or country)  13. NAME Comman Schwersle  14. BIRTHPLACE (city or town) State or country)  15. MAIDEN NAME Culture Revenue State or country)  16. BIRTHPLACE (city or town) State or country)  17. INFORMANT State or country)  18. Was there an aulopsy?  29. BURIAL (SPINTION) OR REAGVAL  Place of Country Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in single and many profited to occupation of decessed?  (Address)  19. Specify  15. OR Specify  Manner of injury  24. Was disease or injury in single and many profited to occupation of decessed?  (If so, specify  (Signed) Manner Mallurgly  (Manner Mallurgly  (Manner Mallurgly  (Signed) Manner Mallurgly  (Manner Mallurgly  (Mallurgly  (Ma		
8. Trade, profession, or particular in the original particular in the original days of the original particular in the pa		in the case of blanch and related tayses of importance
Other Contributory Causes of importance:  2. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  9. UNDERTAKER  (Address)  19. OFFILED Out 1. 19. ON AND OCCUPATION OF REMOVAL  (Signed)  (Signed)  Millian Mallingly  (Signed)  Millian Mallingly  (Signed)	8 Trade profession or particular	Date of onset
Other Contributory Causes of importance:  2. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  9. UNDERTAKER  (Address)  19. OFFILED Out 1. 19. ON AND OCCUPATION OF REMOVAL  (Signed)  (Signed)  Millian Mallingly  (Signed)  Millian Mallingly  (Signed)	SAWYER, BOOKKEEPER, etc. Jailoung	Mulviardetea 1934/
Other Contributory Causes of importance:  2. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL.	1 Pulminan edema 10/6/3
Other Contributory Causes of importance:  2. BIRTHPLACE (city or town)	SAW MILL, BANK, etc.	
Other Contributory Causes of importance:  Other Contributory Causes  Neme of operation.  Neme of operation.  Other Contributory Causes  Neme of operation.  Neme of		
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CRESATION OR REMOVAL  Place  (Address)  19. Date of  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. Date of  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. Date of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  (Specify city or town, country and State)  Nature of injury  Nature of injury  (Signed)  (Specify city or town, country and State)  Nature of injury  Nature of injury  (Signed)  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  Nature of injury  (Signed)  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  Nature of injury  (Signed)  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)  (Specify city or town, country and State)  Nature of injury  (Specify city or town, country and State)	P veary very very very very very very very ve	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CEPTATION OR REHIOVAL  Place  (Address)  19. UNDERTAKER  (Address)  (A		Oberdes variular renal deseare 193
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or county)  7. INFORMANT  (Address)  BURIAL, CREMATION OR REMOVAL  Place  OUTOMAR  (Address)  UNDERTAKER  (Address)  UNDERTAKER  (Address)  Place  (Address)  UNDERTAKER  (Address)  (Address)  UNDERTAKER  (Address)  (Addre		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Culture Kurchlaure  16. BIRTHPLACE (city or town) (State or county)  7. INFORMANT Automatic Superity (Address)  8. BURIAL, CERPATION OR REMOVAL Place  Place  9. UNDERTAKER (Address)  9. UNDERTAKER (Address)  9. UNDERTAKER (Address)  9. UNDERTAKER (State or county)  What test confirmed diagnosis? Was there an autopsy?  Accident, suicide, or homicide? Date of injury	13. NAME GOWASS Schuessele	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Culture Kurchlauru  16. BIRTHPLACE (city or town) (State or county)  7. INFORMANT Automatical forms (Address)  8. BURIAL, CEPTATION OR REMOVAL Place (Address)  9. UNDERTAKER (Address)  9. UNDERTAKER (Address)  9. UNDERTAKER (Address)  9. UNDERTAKER (Specify city or town, county and State) Nature of injury  24. Was disease or injury in an way related to occupation of deceased?  15. MalDEN NAME  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in an way related to occupation of deceased?  If so, specify  (Signed)  Manner of injury  (Signed)  Manner of injury in an way related to occupation of deceased?	14. BIRTHPLACE (city or town) - Jermany	Neme of operation
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  BURIAL, CREMATION OR REMOVAL  Place  OUNDERTAKER  (Address)  UNDERTAKER  (Address)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in application of deceased?  If so, specify  (Signed)  Manner of injury  Manner of injur	(State or country)	What test confirmed diagnosis? Was there an aulopsy?
Where did injury occur?  (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  BURIAL, CREMATION OR REMOVAL  Place  OUNDERTAKER  (Address)  UNDERTAKER  (Address)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in application of deceased?  If so, specify  (Signed)  Manner of injury  Manner of injury	15. MAIDEN NAME Chiloria Richbaum	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  BURIAL, CREMATION OR REMOVAL  Place  O. UNDERTAKER  (Address)  UNDERTAKER  (Address)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in application of deceased?  If so, specify  (Signed)  (Signed)  (Signed)  Manner of injury  (Signed)  (Signed)  (Muse Mallurghy  Mallurghy  Manner of injury  (Signed)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION OR REMOVAL  Place  OUT  Place  Nature of injury  Out  Place  OUT  Place	(State or country)	Where did injury occur?
8. BURIAL, CREMATION OR REMOVAL Place O  UNDERTAKER (Address) O, FILED Oct.  (Signed)  Manner of injury Nature of injury  Nature of injury  (Address)  Manner of injury  Nature of injury  (Address)  Manner of injury  Nature of injury  Nature of injury  (Signed)  Manner of injury  Nature of injury  Na	I. INFORMANT Olster Syperiss	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
Place Of Sufficient (19.3)  Nature of injury  9. UNDERTAKER (Address)  16 so, specify  17 so, specify  (Signed)  (Signed)  (Muan Mallurgly  Mal		
9. UNDERTAKER Selly & Files Silver Selly & Silver &	11 2 M 12 10 0100 00 14/2 B.11	
(Address) If so, specify of the Malthyly of My of the Malthyly of My	Place// U / W / Date / W / I / I	Nature of injury
0. FILED CASE OF THE DESCRIPTION OF THE PROPERTY OF THE PROPER		
(Muless) - ANTICON (Muless)		22. 00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Corr. The Control of		o	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis - 17	1 year
		***	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
AND	DETECT	T OIL	T. OTCT TITLE	DITTIMETHE	10 1	THISIOIM

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

Exact statement of OCCUPA-

	RE
BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE
FOR	V SI
SERVED	INK-THIS
ARGIN RESERVED FOR BINDING	UNFADING
	WITH
	PLAINLY,
V. S. No. 1	L. B.—WRITE
>	Z

V. S. No. 1

	l. PLACE OI		OF MAR	YLAND-	CERTIFICATE	OF DEA	TH	1208
		RINCE GEORGE	S		75	Registration D	No 23	9
			MARYLAND		No. TAMPET, SANT			Ward
					No. I AUREL SANI death occurred in a horpital or instituds. How long in U.S. If of			
		SIISAN MAR						
2	2. FULL NA		Anda (Un		If U.S. Veteran specific Baltomore, mid			
	(a) Residen	ce: No. nomewood	(Usual place	e of abode)	1 St., Ward.	II nonresident s	ive city or town and	State
	PERSON	AL AND STATIS	TICAL PART	fCULARS	MEDICAL C	ERTIFICATE	OF DEATH	
	SEX	4. COLOR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Oct.10,			, 193.5
-	ema.le . If married, widow	White ed, or divorced	Divorc	ad		(Month)	(Day)	(Year)
	(or) WIFE of C	ol. Clay Sup	plee				, Thet I attended	
				Б	Oct.10,1935 flast saw her alive on 0	, 19, to	1935	
	AGE Yaa	month, day, and year) O	Deys	If LESS than	to have occurred on the date state	0 77	PP	; geeth is said
		9 11		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA!		s of importance	
7	8. Trade profa	ssion or particular	20	/ 01mm.	Acute Alcoholi			Date of onset
TIO		vork done, as SPINNER, BOOKKEEPER, etc	none		Three days dur	ation		
UPA	9. industry or work wes	business in which s done, as SILK MILL, L, BANK, etc	none					
OCCUPATION	10. Date dacaas this occu	ed last worked at pation (month and	sp	time (years) ent In this cupation	,			
12.	. BfRTHPLACE (ci	ty or town)	Maryl	and.	Other Cautributory Causes of Imp	ortance:		
2		dependent Ke	lly					
FATHER					Neme of operation			
FA	(Stale or	(city or town) country) Maryl	and		What test confirmed diagnosis?			
15. MAIDEN NAME Rittie Caroline Hammond					23. If deeth was due to external ca	uses (VIOLENCE) fill	in also the following	
15. MAIDEN NAME Rittie Caroline Hammond  16. BIRTHPLACE (city or town) (State or country) Maryland					Accident, suicide, or homicide? X Where did Injury occur?	XXXX		1
17	. INFORMANT (Address)	Clinical rec	ords, Lau	rel Sanitar		(Specify city of In INDUSTRY, In HOI	town, county and Stat ME, or in PUBLIC PL	ACE.
18	BURIAL, CREMAT	HOW, OR REMOVAL CA	withoute De	4.12, 19 35	Manner of Injury		•	
19. UNDERTAKER John D. Mitchell & Sous, Jue.				24. Wes disease or Injury In any v		tion of decaasad? XX	)	
20	FILE Ort	10 135 77	Bran	hears	(Signed) J Le	ens V	. Over	M. D.
20	, 11000000			Registrar.	(Address)	mel	W	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I		Example II	ZJIWIII PICE
The principal cause of death and i of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	10V 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11209
1. PLACE OF DEATH	82-6
County Truce Tengeo	Registration Dist. No.
Village or City Upper Marlboro	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Steenson It Talbert	
(a) Residence: No. Whee marlbore	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Male  Massiell	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Feberence Talbert	22. I HEREBY CERTIFY, That I attended decaasad from
6. DATE OF BIRTH (month, day, end year) Sept. 16-1862	I lest saw h 1 alive on Oct 3 , 1935; daeth is said
7. AGE Years Months Deys If LESS than I day, hrs.	to have occurred on the date stated above, at 1.2.10.1.m.
73 0 18 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware es follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Retired Farmer.	Alt All
9, Industry or business In which	12 Ad Company The mark war
work was done, as SILK MILL, SAW MILL, BANK, etc	WITH COUPTING TO THE OWN
O 10. Date deceased last worked et this occupation (month and yaar)	
CIL T. T.	Other Coutributory Causes of importance:
(State or country)	
13. NAME William Valbert  14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country) maryland	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Sarah Pumphrey	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MATDEN NAME Sarah Pumphrey  16. BIRTHPLAGE (city or town)  (State or country)	Accident, suicida, or homicida? Data of injury, 19
(State or country) Marylling	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Florence Galbert (Address) when moultons mot	Specify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Mannar of injury
Place upper marther Date Ost 6,1933	Nature of injury
19. UNDERTAKER Gitchie Brothers	24. Was diseasa or injury In any way related to occupation of deceased? 20
(Address) upper marker my	If so, spacify
20, FILED ELS, 1935 / Single Storeth. Registrar.	(Signad) (Address) Som md M. D.
The many blanks are would add as Coal Devictor	N Chalacter Patrice Parent St C Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	-Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ago
MURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis ,	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-RD. Every item of infor-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. RGIN RESERVED FOR BINDING

V. S. No.1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11211
1. PLACE OF DEATH	<u> </u>
County Funce Seorge's	Registration Dist. No. 232
Village or City Measons	No
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Stullborn Jung	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH ON TO 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed to the state of the sta
6. DATE OF BIRTH (month, day, and year) 0 120. 193 5	I last saw h allva on, 19; death is
7. AGE Year Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of or
SAWYER, BOOKKEEPER, atc.	Stell your
9/Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	As physician in allered.
O 10. Date decaased last worked at 11. Total time (years)	J
o this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Weadwar	Other Contributory Causes of Importance:
(State or country) Appropriately	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TO THE PROPERTY OF THE PROPERT	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida? Date of Injury, 19
17. INFORMANT Melly Meetly Duylo (Address) the way they	Whare did injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of Injury
Place headows to Date JV 1, 1935	Nature of Injury
19. UNDERTAKER Melhan weiter to for (Address) Was himselfow Hed R.	24. Was disaase or Injury In any way related to occupation of deceased?
20. FILED ON 21, 19 35 / Dino Junel.	(Signed) Lingth for the form the grant the first the same of the s
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Un Soot	Registration Dist. No. 245
Village or City Conserversity Tarke	NoSt.,War
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Martha Gladstone Tem	ble If U.S. Veteran specify WAR.
(a) Residence: No. /02 Monroe Ave	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH C. 5 193 5
If married widowed ordivorced	(Month) (Day) (Year)
HUSBAND of Charles Edward Temple	22. I HEREBY CERTIFY, That I ettended deceased fr
DATE OF BIRTH (month, day, and year) Jan. 13, 1884	i last saw h. W. Oalive on act 5 ,1935; death is s
AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
51 8 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Primary sorcoma, of fourthribe left side.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Darcoma C cluso 1931
Prindustry or business in which work was done, as SILK MILL, Hyattsoffe SAW MILL, BANK, etc.	generalised Rtes poresis.
10. Date deceased last worked et this occupation (month and year)	embolus to respectory center Oct 5
Zen Go to	Other Coutributory Causes of importance:
(State or country) Heating Co. Missouri	Sorcoma primary in ossens tissue of fourth who
	my o en suis cur, left sides
13. NAME Wegander Glasson	Synt To To 1637
13. NAME Clerkander Gladstone  14. BIRTHPLACE (city or town). Surely (State or country)	Name of operation. Meetic long Date of 1931
(State of country)	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Jenny Maxwell	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Zaneswille  (State or country)	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT C & Temple (Address) 102 monroe Ave Hyallogil	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Know Church Date Cat 7, 1935	Nature of injury
Lety Com Mo	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify A.
Mit Com	(Signed) Marlo Meane
20. FILED CA S , 100 No Las Registrat.	(Address) At Mul
900,000	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
12 40			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

				1	1	2	1	2
STATE	OF	MAI	RYL	A.	N	D		
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Registra

Registration Dist. No. 23

ż	St.: Ward)  a hospital or institution, give its PAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH OUT 11- , 1955
1	(Mouth)(Day)(Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
6	Cel /1- 1930 to Cel /1, 1930
	that I last saw h Mcalive on
n	and that death occurred on the date stated above, at//m.
s. .?	The CAUSE OF DEATH * was as follows:
	Mailee Shuson
-	Contributory Addition Dyrs. mos. ds.  Contributory Secondary (Durstion) 6 yrs. mos. ds.
_	(Signed) M. D.
_	*State the l'is ase Causing Seath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1	At place in the of deathyrsmosds, Stateyrsmosds.
-	Where was disease contracted, it not at place of dea h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
_	20 UNDERTAKER ADDRESS
	A. S. Junices Mugger Hed
rai	, 16 W. Saratoga St., Balto., Lequesting V. Sho. 1.

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(Approved by U. S. Census end American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Instance occupation at beginning of illness. If retired from the state occupation is the state occupation of the state occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci eupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (n Housemaid, etc. If the occupation has been elanged gaged in domestic service for wages, as Scrvant, Con household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. (Recommendations on statement of cause of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the eause. Always qualify all (secondary as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) s) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease etc. The contributory

angivered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

See instructions on back of certificate.

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

TION is very important.

Exact statement of OCCUPA-

d. Every item of infor-

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	
CATIL				

11213

1. PLACE OF DEATH	92-20
County for yes	Registration Dist. No. 243
Village or City Island Ball Mills	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)  nos. ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Anne I Vanhores (a) Residence: No. Glesse Dale 145	If U.S. Veteran specify WAR
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Jenuale White 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 30 (Oay) (Year)
a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Refer A Vauchous	22. I HEREBY CERTIFY. That I attended deceased from 22. 1935 to Oct 30 ,1935
DATE OF BIRTH (month, day, and year) Lept. 14, 1858	I last saw h la alive on OCT 3 0 , 19-3 1; daath Is said
AGE Years Months Days If LESS than	
77 / 6 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trada, profession, or patticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Beagt failure
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Allex India istori
10. Data daceased last worked at this occupation (month and yaar)	Primary Cause : mitash regurgitation with
2. BIRTHPLACE (city or town) Soudan Count (State or country)	Other Contributory Causes of importance:  Thyrician world sow father host we have
13. NAME James H. Dodd	
14. BIRTHPLACE (city or town)	Name of operation
(State or fountry) Va.	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Catharine &. Smith	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) 7 Va.	Whera did injury occur?
7. INFORMANT V. J. Sensus (Address) Elem Dato ment	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Perkey Crape Date More 2., 19.	Nature of Injury
O HADDOTAVED FOR A RICA Smed	24. Was diseasa or injury In any way related to occupation of deceased?
9. UNDERTAKER A CASCLO SONO (Address) A D - A gus Dand Mid	If so, specify
01 21 21 20 1	(Signed) James Vo junty M.
20. FILED VIA	(Address) Glesser Dale Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	5	
		-
		p4 4

	N. BWRUTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. AD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		2
1000	r RE	Y.	Exa	•	3. 3
IDING	MANENT	ACTL	lassified.		3. S
ARGIN RESERVED FOR BINDING	S A PER	tated EX	roperly c	rtificate.	6. 1
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ESERVE	INK-TI	E should	it it may	on back	OCCUPAT
NR	DING	AG	so th:	ctions	12.
ARGI	I UNFA	supplied.	in terms,	see instru	FATHER
	Y, WITH	carefully	rH in pla	TION is very important. See instructions on back of certificate.	MOTHER FATHER OCCUPATION 11.
	AM	ld be	DEA	y imp	17.
(	PI PI	Lehou	E OF	is ver	18.
fo. 1	-wku	mation	CAUS	TION (	19.
V. S. No. 1	N. B		(	T	20.
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STATE OF MARYLAND—CERTIFICATE OF DEATH	1914
1. PLACE OF DEATH	
County Prince George Registration Dist. No. 23	
Village or City Bladensburg: No. River Rid St.,	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and Length of residence in city or town where deeth occurred 4.5 yrs	
2. FULL NAME adeline T Water If U.S. Veteran specify WAR.	
(a) Residence: No. Blackenshing md St., Ward.	*********
(Usual place of abode) If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (white the word)  Lundle White Worders (Month) (Dey)	, 193 5 (Yeer)
5e. If married, widowed, or divorced	(Teel)
HUSBAND of Johannes 9. Hatron 22. THEREBY CERTIFY, That I attended to 1937, to 12013	deceased from
6. DATE OF BIRTH (month, day, and year) 2 1 Second 1 lest sew h 2 elive on Oct 13 192	5; death Is seld
7. AGE Yeers Months Deys If LESS then to heve occurred on the dete steted above, et	
6 9 3 The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	Date of onset
8. Trede, profession, or particular kind of work done as SPINNFR.	D2(0 0) 0)1001
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9, Industry or business in which	1
S, Industry of Dusiness in Which Work wes done, as SILK MILL, SAW MILL, BANK, etc.	-
kind at work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Totel time (years) spant in this occupation	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stete or country)	
= m /	
4. BIRTHPLACE (city or town)	n,
I desired the state of the stat	•
O 16. BIRTHPLACE (city or town) Accident, suicide, or nomicide? Uate of injury (Stete or country)  Where did injury occur?	
(Specify city or town, or only not St.	ate)
17. INFORMANT 4 MAC Trackers 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in INDUSTRY, in Home, or in Public Plantage 211 & Specify whether injury occurred in Industry i	
18. BURIAL, CREMATION, OR REMOVAL Menner of Injury	
Plece / hashington her Date	
19. UNDERTAKER 4. Lascles Gone 24. Wes disease or injury in any wey related to occupetion of deceased?	m
20. FILED OUT 16 185 Helen Stars (Signed) William Stars	m. o.
Registrar. (Address)	f-1-1-1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MAR	RYLAND—CERTIFICATE OF DEATH	11215
1. PLACE OF DEATH	ORIGINAL	200

1. PLACE O				ORIGINAL	• 0
County	PRINCE GEORG	ES.	**	Registration Dist. No. 2	39
Village or (			(li	No. LAUREL SANITARIUM St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
				ds. How long in U.S. if of foreign birth?yrsme	osds.
2. FULL NA	ME DR. HORACI	e C. Whis	LER.		
(a) Resider	ice: No. SMITHFIE	LD WEST (Usual place		St., Ward.  If nonresident give city or town and	State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male.	4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE WICOWO	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 14	, 193 (Year)
5a. If married, widow	ved, or divorced multiple				
(or) WIFE of	Mary Aller	n		22. I HEREBY CERTIFY, That I attended July 23 1935 to Octol4,	deceased from
6. DATE OF BIRTH	(month, day, and year) Ja	muary 25	1858	I last saw h im alive on Oct • 14 19 35	; deeth is said
7. AGE Yes 77	Months 8	Days 19	If LESS than  1 day,hrs.  ormin.	to heve occurred on the date stated above, at 3.15 Pm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8 Trade, profe kind of SAWYER	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc.	PHYSICIAN		Intestinal Atony	Date of onset
kind of SAWYER SAWYER S. Industry or work wa SAW MII D. Dete decease	business In which s done, as SILK MILL, LL, BANK, etc.	EDICAL PR	ACTITIONER		
10. Dete deceas this occu year)	ed last worked at pation (month and 700)	11. Total t	ime (years) nt in this 40 upetion		
12. BIRTHPLACE (ci	ty or town) New Brig	ghton Pe	nna.	Other Contributory Causes of Importance:  Chronic Myocarditis	
1	Horace Clinton	o Whieles			
I				Senile Psychosis	
4. BIRTHPLACE	(city or town) Renny	<b>3.</b>		Name of operation Date of	
(21916.0)	country)			What test confirmed diagnosis? Was there en a	u!opsy?
15. MAIDEN NA	ME Agnes Jacl	kson		23. If death was due to external causes (VIOLENCE) fill In also the following	:
	(city or town)_Penna.	•		Accident, suicide, or homicide? XXXX Date of Injury  Where did injury occur? XXXXXXX	
17. INFORMANT	inical records	s, Laurel	Sanitariu	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	e) NCE.
18. BURIL CREAT	LILGION OR REMOVAL	late 0	4/6/3	Menner of injury	
19, UNDERTAKER (Address)	Hoyl of	oaring	0 /	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	
20. FILE DOF	Say 1935 77	Deas	heare al Registrar.	(Signed) Thelma V. Cewer (Address) Lamel Ind.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example	10.		Example II	
The principal cause of death and of importance were as follows:	related andes	BULLE	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	30 1932	121915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Will A law	July 5, 1927	Peritonitis -	3 days ago
	Andrew Marketon Marke	701 24	•	
Other contributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i	Example II	
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Chronic interstitial nephritis MAN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIL	N KESEKV	3	ARGIN RESERVED FOR BINDING
-WRITE PLAKLY, WITH UNFAD	DING INK-T	HIS	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RELARD. Every item of infor-
mation should be carefully supplied.	AGE should	pe	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, s	so that it may	pe	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	ctions on back	of o	ertificate.

N. B.-WRITE PLAN

V. S. No. 1

STATE OF MARYL	LAND-	CERTIFICATE OF DEATH	1121
1. PLACE OF DEATH		97)	
County Prince Veryes		Registration Dist. No. 2	42
Village or City Mitchellville		No	War
Length of residence In city or town where deeth occurred 15		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME Law Collar	What		
A . A . O . O	0000 21	If U. S. Veteran, specify WAR	
(a) Residence: No. Multiple (Usual place of ab	oode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
SEX  4. COLOR OR RACE OR DIVORCED (**  Married OR DIVORCED (**  Married	vrite the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 <u>(Year)</u>
HUSBAND of Or	d	22. I HEREBY CERTIFY, That I attended	
DATE OF BIRTH (month, day, end year) 1871		Flast saw he   alive on 10/3.5   1985	: deeth is s
AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 7 = P.m.	
1-11.	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	1 -
8 Trade profession or particular	. 0		Date of on:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	wife	asteriosclerosis	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  11. Total time ( spent in occupation)	this		
2. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
(State or country)  13. NAME  W. Grant	ia		
14. BIRTHPLACE (city or town)		Name of operation Date of _	
(State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)		What test confirmed diegnosis? Wes there an	eutopsy?
15. MAIDEN NAME UNK.		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	ie	Where did injury occur? (Specify city or town, county and St	
(Address) Reach De	v.	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	LACE.
BURIAL, CREMATION OR REMOVAL Place Calland Mid Date Oct 2	F, 1935	Manner of Injury	
O. UNDERTAKER W A Clipsche (Address) 5/7-1/24	es Co	24. Wes disease or injury in any way related to occupation of deceased?	
FILED art 25 1925 Talam F. Die	8-11/	(Signed) Vincent B. Hungufo	up N

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Exa	nple I	emi	Example II	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEATLY S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year